



MISPLACEMENTS OF THE UTERUS.*

HISTORY OF CASES SHOWING HOW IN MANY INSTANCES
THEY ARE PRODUCED; THE ACCOMPANYING CON-
DITIONS: MICROSCOPICAL EXAMINATIONS.

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Various causes may be assigned for misplacements of the uterus, and their attendant sufferings. For relief, different measures have been adopted, and a goodly number of mechanical appliances devised and used, with varied results.

From a long consideration of the subject, I am convinced that a frequent cause of uterine misplacement are primary or secondary diseases of the uterine appendages; and from this cause result some of the most intractable forms of misplacement, and those which are most serious and most painful. Almost every day I see instances of adherent appendages completely displacing the uterus, pulling it from its normal position, retroverting, or retroflexing, or both, or drawing it to one

* Reprinted from *The Pittsburgh Medical Review*, Oct., 1889.

side by shortening of one of the broad ligaments. In such cases, peritonitis, resulting from tubal or ovarian disease, causes an infiltration thickening and shortening of the ligaments and the development of pseudomembraneous adhesions.

The last named misplacement may seem trivial, yet so invariably is it accompanied by disease of the appendages, that whenever a uterus is away from the median line, a pathological condition of the uterine appendages may with certainty be diagnosed. I have frequently found this form of misplacement the accompaniment, or the outcome, of some of the most serious tubal diseases. A misplacement of the uterus does not, *per se*, give pain or distress, unless it be complicated with other conditions such as endometritis, perimetritis, mural enlargement, so called engorgement, or hyperplasia of the uterine walls, or by disease of the uterine appendages. In many cases, the last named cause alone is sufficient to produce all the rest. When there are adherent appendages, simply replacing the uterus, even if that were possible, does not relieve the trouble or cure

the distress; in many instances it will greatly aggravate the trouble, increase the suffering, and *may* be attended with the *gravest dangers*.

Case I. Miss T. was thirty-five years old, single, had been treated for years for uterine misplacement, had worn many ingenious kinds of instruments and pessaries, but found no relief from them. She steadily grew worse, complained of intense soreness and burning in the pelvis, which was increased by the slightest exercise. This misplacement caused such constipation that frequently a whole week would pass without defecation. The adhesions of the inflamed appendages disturb more or less the functions of the surrounding organs

The patient first consulted me in April, 1888. She was wearing an internal supporter, a rather complicated affair, and one which utterly failed to hold the uterus in position. Pushing the instrument in any direction would cause the most intense pain. The acutely anteflexed uterus was held firmly in a retroverted position by adherent ovaries, and the left formed with the wall of the pelvis what I judged to be an abscess. Evi-

dently the patient had been ailing for years from disease of the uterine appendages; they were no longer capable of performing their physiological functions; no treatment could restore them to health or to functional capability. There was, at least in my conviction, no way of relieving the patient's suffering, except by removing the diseased structures. The longer they remained the more aggravated became her conditions, and the greater the possible danger. The patient was anxious for relief, and urged that the operation be performed. It took place on June 27, same year. Both ovaries were found adherent to and buried in the thickened broad ligaments, which on the left side formed with the pelvic wall an abscess. During removal the abscess burst, the contents escaping into the peritoneal cavity. The latter was well washed out, and a drainage tube put in. The patient made a rapid recovery, and is now in the enjoyment of extraordinary health, considering her past condition.

An ovary so adherent, so bound down to the wall of the pelvis, must to some extent displace the uterus, and would, as in this case, render all efforts at replacement by

instruments or otherwise, not only futile but hazardous.

The opening in the wall of the left ovary, caused by the abscess, was one and one-half inches in diameter, and the cavity extended into and occupied more than one-half of the bulk of the ovary. The Fallopian tubes were likewise adherent to the ovary by means of pseudo-membranes ; and the fimbriated extremities of each tube were found entirely closed, and on both were peculiar cyst-like formations.

Microscopical examination. The left ovary was in a state of sub-acute oöphoritis, approaching suppuration ; large portions of it were changed to an extremely dense fibrous connective tissue, the result of a chronic inflammatory process, and the fibrous connective tissue was now in slight waxy degeneration. There were many lobulated fibromatous bodies enclosing a myxomatous, or myxofibrous reticulum. These dense bodies would account for much of the inflammation, and for the consequent suffering. The *ova* were scanty, and mostly broken up into medullary corpuscles, thus showing a diseased condition, or a retrograde process, in the most im-

portant or the most vital structure of the ovary. There was a mass of pseudo-membranes, adhering to the ovary, and these, in some places near the surface, held an abundance of pigment clusters from previous hemorrhages.

The right ovary, also in a state of chronic oophoritis, contained a great many cysts. Each one was found surrounded by a zone of inflamed tissue. Also in this ovary was a number of fibromatous formations, probably resulting from plastic inflammation of the menstrual bodies.

The Fallopian tubes were in a diseased condition of long standing. The left one showed intense chronic catarrhal and intense interstitial salpingitis, terminating in atrophy of the tube wall. The mucosa of the tube was flattened out to a considerable extent, probably owing to the presence of muco-purulent contents in its calibre; the connective tissue frame of the folds was seen everywhere crowded with inflammatory corpuscles. The wall of the tube appeared to be reduced to one-half of its normal diameter, and consisted of interlacing bundles of coarse fibrous connective tissue of an almost

tendinous or aponeurotic character, with a nearly complete absence of smooth muscle fibres. The blood vessels were found to be scanty, and in a state of compression.

In the right tube, both the mucosa and the tube wall proper were made up of coarse bundles of fibrous connective tissue, with an almost entire destruction of the smooth muscle fibres. Between the coarse bundles in many places, I have met with clusters of inflammatory corpuscles, indicative of repeated attacks of acute inflammation grafted upon the chronic interstitial salpingitis. The tube wall, instead of being thinned as in the left tube, was noticeably augmented in bulk. The result of the inflammatory process, in this instance, therefore, has been a new formation or hyperplasia of connective tissue in contradistinction to the pronounced atrophy of the walls of the left tube. The peritoneal layer was likewise augmented, owing to a chronic hyperplastic peritonitis. Thus in this tube we found chronic hyperplastic catarrhal and interstitial salpingitis, combined with chronic plastic peritonitis.

These conditions of the ovaries and tubes are proof of a long existing inflammatory dis-

ease. The increasing inflammation caused the abscess, the fixation of the ovaries in the thickened broad ligaments, and in turn the uterine misplacement. All this would account not only for the patient's continued suffering, but also for her hysterical condition, so serious at times as to excite the query, where was to be drawn the dividing line between hysteria and mild insanity. An operation was to her a blessing in more than one respect. To have allowed such conditions to continue without operative interference, would, doubtless, in some way, have resulted disastrously.

Case II. Mrs. R., a woman near fifty years of age, had been treated for years for misplacement, and other pelvic miseries which were supposed to result therefrom. She had been under the care of many physicians, and had found no relief, but steadily grew worse. Her sufferings at times were intense. She came to my office in February, 1888. I found the uterus drawn to the extreme right in consequence of a shortening of the right broad ligament; in the center of the pelvic floor there was an immovable tumor, which I diagnosed to be the left ovary adjacent to a pus

cavity, surrounded by thickened pseudo-membraneous walls. This tumor, by her last physician, a homœopathist, was suspected to be the misplaced uterus, and various and continuous efforts had been made from time to time to push the supposed uterus in position. The patient often remarked, how these manipulations gave her distress, frequently lasting several days. Some fluctuation could be detected in the tumor, or adherent ovary, and the only way to prevent further trouble, or give her any chance of recovery, seemed to be, in my judgment, the removal of the diseased structure. So much did the patient suffer, that she said to me the day before the operation, if she knew she had but one chance in twenty-five, she would take that chance and have the operation done. The operation was performed in March. With great difficulty the tumor was separated from the floor of the pelvis, where it was completely adherent. It ruptured on removal, and this procedure was followed by so much hemorrhage that it was necessary to clamp portions of the pelvic lining with long forceps, which were left on, projecting from the abdominal wound. The forceps were removed in twenty hours. The

patient made a good recovery, and left the hospital in five weeks. The specimen was presented to the N. Y. Pathological Society, March 28, 1888, with the statement that "the patient gave a history of abdominal pain extending over many years; that the specimen showed the left ovary to be hard and nodular and of a cheesy consistency, and the rest of it converted into a large pus cavity, a portion of whose walls was almost of the thinness of paper, the danger of rupture with possibly serious results being obvious."

Microscopical examination showed that the tumor had become a cancer of the most malignant type; even the connective tissue around the cancer nests was made up of irregular and coarsely granular epithelia, being infiltrated with the so-called small or inflammatory cells, representing the pre-stage of cancer. The left tube was involved in the same way. It was evident that this malignant degeneration had been existing only about one year, and while the operation may have relieved her suffering, and prolonged her life, yet had it been performed two or three years previously, twenty years might thereby have

been added to her life. But now, as I informed the husband the first day I discovered the malignant nature of the disease, she would not probably live more than a year. We may go still further back in this case: the trouble commenced with the birth of the last child, now fourteen years old; probably at that time some septic peritonitis set in, leaving a diseased condition of the appendages, and such perimetritis as to cause displacement of the uterus; an operation eight or ten years ago would have removed the *cause* of irritation, and thereby possibly have *prevented* the subsequent cancerous degeneration. At that time the necessary surgical interference would have been comparatively simple. The lady died thirteen months after the operation, from exhaustion.

Another fact for thoughtful consideration, —this patient was a sister to case No. I. The essential conditions of the two patients were similar, viz., diseased and adherent ovaries. If case No. I. had been left as this patient was, there would probably likewise have developed malignant disease, which would have destroyed her life. Delay or neglect of a needed operation has frequently re-

sulted fatally. The physician who dares, or has the forethought to take the responsibility of surgical interference, often saves life. Prof. W. G. Wylie says: "Negative mistakes are made much more frequently than are positive, or when the abdomen is opened too often."

Case III. Mrs. L. Patient fifty years of age, for many years has been suffering from a displacement of the uterus, and distressing bearing down. No kind of pessary or supporter had given her any relief, she had been intolerant of them all, and complained of constant distress and pain in the lower part of the pelvis. She came to my office May 10, 1888. I found the uterus retroflexed and retroverted, and bound down by adherent uterine appendages; the right ovary apparently a fluctuating mass. These diseased organs had excited such repeated attacks of peritoneal inflammation as to cause the formation of dense pseudo-membranes, which firmly held everything in an abnormal position. There was no possibility of replacing the uterus, nor would any instrument have held it in position, or any treatment restored the organs to a normal condition. Laparot-

omy appeared to be the only safe procedure. Skutsch well says:—"In obscure cases of retroflexion laparotomy offers the only certain and perfect cure." Prof. Fritsch maintains:—"It is easier to perform laparotomy than to treat a case of retroflexion successfully." Prof. Wm. Polk remarks:—"I am convinced that the only reliable treatment for a displaced and adherent uterus is to be found in abdominal section."

Laparotomy for this patient was performed at the Woman's Hospital of Brooklyn, on May 28, 1889. The uterus was found doubled upon itself in a most remarkable manner, being in a condition of acute retroflexion, the folded walls bound together by inflammatory bands. The uterus, thus doubled upon itself, was bound down by adhesions to the floor of the pelvis. On both sides the tube and ovary were imbedded in a mass of adhesions. The right ovary and tube formed part of the wall of an abscess, that extended into the adjoining pelvic aponeurosis, which formed a portion of the wall of the pus cavity. The uterine appendages on both sides were removed, and on their removal there was considerable hemi-

orrhage, the abscess bursting into the abdominal cavity. The cavity was cleansed, and the uterus stitched to the abdominal walls. The patient made an uninterrupted recovery, and is now in the enjoyment of excellent health.

Microscopical examination. So great was the destruction from the abscess, that the right Fallopian tube had become almost destroyed; only a trace of the calibre could be seen, lined by rather shallow folds of the mucosa, on the surface of which a few vestiges of columnar ciliated epithelia could be seen. All that was left of the wall of the tube were scanty bundles of smooth muscle fibres scattered throughout the dense fibrous connective tissue with great irregularity, and recognizable as such only in transverse sections.

Bundles of medullated nerves were seen traversing the pseudo-membrane likewise, as if pushed apart by the newly-formed connective tissue, and in a condition of atrophy, resulting in a reduction of the myeline coat, and a destruction of the axis cylinder. The specimens also contained striped muscles scattered in the newly-formed connect-

ive tissue, obviously remnants of the psoas and iliac muscles, with which the wall of the abscess was closely connected.

On the left, there had developed, in consequence of the escape of a little pus into the peritoneal cavity, intense peritonitis partly plastic and partly suppurative. The left ovary showed a high degree of sub-acute oöphoritis. Some remnants of Pflueger's ducts were found, but no ova. The medullary portion held a large number of tortuous arteries, almost all of which exhibited waxy degeneration of their middle coats. Some arteries were in the condition of *endarteritis obliterans*, with marked narrowing of the calibre, or its complete disappearance. Chronic interstitial salpingitis had led to a complete atrophy of the left tube. The mucosa, as well as the wall of the tube proper, consisted of fibrous connective tissue, with scanty remnants of bundles of smooth muscle fibres. The calibre was entirely lost; all that was seen as an indication of it were a few small, irregular nests of cuboidal or short columnar epithelia imbedded in a dense fibrous connective tissue.

These conditions as described showed an

advanced state of disease, and if allowed to continue would have rendered the patient continually more miserable, and, by the constantly increasing suffering, would have exhausted her vitality. The misplacement of the organs necessarily interfered with the performance of their normal physiological functions, and, as Martin of Berlin says, "occasioned corresponding changes, both in the organs directly involved and throughout the tissues in the lower pelvis, and afterwards will occasion disturbances of nutrition in distant organs." The pseudomembranes themselves were all in a state of intense inflammation, owing to repeated sub-acute attacks of peritonitis.

Case IV. Mrs. S., a woman near fifty years of age, came to my office for consultation. According to her statement, she had been married twenty-six years, and never had any children. She had been an invalid for more than twenty years from constant distress and pain in the pelvis, that rendered her life a misery. In consequence of malady in this direction, she had not only been sterile, but her whole life had been a period of suffering and weakness, and consequent

inability for any kind of employment. With an otherwise passably good physical organization, these troubles had made her wretched and incapacitated her for life's useful activities. Examination revealed that the appendages were bound down to such a degree as to completely displace the uterus. The disease of the appendages commenced in early married life, probably as a sequel of gonorrheal infection. It grew worse year by year. On the left side the tube and ovary formed a mass which was fastened down by dense and firmly organized adhesions, the whole mass forming a tumor about the size of a small orange. At the operation the left appendage was separated with great difficulty and tied off. A portion of the broad ligament, to which the tumor adhered, was torn and bled so profusely that it was necessary to clamp it with one or two forceps, which were left projecting from the abdominal wound. The appendages on the right side were not prominent, and being so completely shut off from the peritoneal cavity by dense adhesions, after careful consideration it was decided not to remove them.

If Tait's operation had been performed for this woman fifteen or eighteen years previously, in all probability it would have saved her a life of misery, of invalidism, and of inefficiency. Certainly the diseased organs were a continued source of suffering and weakness, and from repeated attacks of peritonitis, were constantly growing into worse conditions, affecting the system more and more seriously. Their removal would not only have relieved and prevented further suffering, but would have enabled the woman to become a useful member of society once more.

Yet, if the diseased organs at that time had been removed, we would doubtless have heard the cry: "Unsexing women!" "Preventing their bearing children!" "Enemies to posterity!" etc. We emphasize, however, in all her married life of twenty-six years, this woman never bore any children. She was completely *unsexed by disease* since all the capabilities of maternity, all the physiological functions of the generative organs, were as completely destroyed as if she had not been in possession of the organs. The organs were useless, and the woman was an invalid. Removing such diseased structures

—structures that have lost all functional power, and are only a cause of distress—makes the sick woman a more perfect being, renders her capable of performing life's duties and meeting life's responsibilities.

The fault is not with the surgeon who relieves and cures the sick women, but with those who go before, those who make them sick. The pity is that the poor women must be the innocent sufferers.

Case V. Mrs. N., a young woman, twenty-six years old, married three years, no children, has been treated by a number of physicians for "falling of the womb," and various pessaries had been tried, and she has had various modes of treatment, but all the time had grown worse. She suffered at times such pain and distress in the pelvis that she was compelled to walk bent over, and was not able to attend to her household duties. In the first communication from her physician to me, in September, 1888, the remark was made, "She cannot wear a pessary." Another physician who attended her said, "He could not fit a pessary." Probably no kind would be comfortable. The uterus was found anteflexed, and fixed on the right side by

shortening of the right broad ligament ; the uterine appendages were adherent and exceedingly sensitive. This condition of the appendages no doubt caused the displacement of the uterus, and their profound disease indicated their removal : but it was so extremely sad for one so young and so lately married to be deprived of all chance of the sacred privilege of motherhood, that I suggested to the physician who brought the patient to me that the cervix be dilated, the ante flexion corrected, etc. This was to give the patient a possible chance of bearing children. The patient objected to any delay ; said she was then in such pain that she could not longer endure it. She insisted upon immediate relief. Her physician also advised it, and said, " Treatment had been tried, and now, evidently, an operation was demanded."

The patient was admitted into the Woman's Hospital of Brooklyn. She was put under constitutional and local treatment in hopes of good results, but the incurability of the diseased organs was still further demonstrated. So laparotomy was performed. I found the uterus pulled to the right, and fixed by old inflammatory adhesions ; the

left uterine appendages were bound closely to the pelvic wall; the fimbriated extremity of the tube entirely closed, and all vestiges of the fimbriae gone. On the right the ovary and tube were held down by a strong pseudo-membrane, enclosing both the *tube and fimbriated extremity in a cavity* filled with pus. Thus the peritoneal cavity protected itself by shutting off the diseased tube, which, evidently, by a discharge of more or less pus, was exciting repeated attacks of peritoneal inflammation. The appendages on both sides were removed. The patient made an excellent recovery, rejoiced that she had undergone the operation, that she was free from suffering, and able to attend to her household duties. She said to me, in August, 1889, that "she could walk a distance of six miles with perfect ease and comfort."

Microscopical examination revealed that the tubes were in a state of *interstitial salpingitis*. Small and scattered nests of inflammatory corpuscles were found between the muscle bundles. Towards the peritoneal surface the inflammatory corpuscles were more abundant; and there existed a newly formed, freely vascularized peritoneal pseudo mem-

brane, enclosing many large nests of inflammatory corpuscles. This intensely inflamed pseudo-membrane contained an abscess, and, in every part there were evidences of perisalpingitis of long duration.

The right tube showed a similar condition, and also thickened pseudo-membranes, bordering on an abscess. The right ovary was considerably enlarged by a super addition of pseudo-membraneous masses, that assisted in forming the wall of the abscess. The arteries in the pseudo-membranes exhibited a great augmentation in the diameter of their middle coats, the muscles of which were altogether transformed into fibrous connective tissue. The cortex of the ovary was greatly inflamed, and contained several cysts with their walls largely made up of inflammatory corpuscles, and some fibromatous masses, so characteristic of anomalous menstrual bodies.

The left ovary appeared considerably enlarged and slightly lobated. The center of the ovary was occupied by a mass of coagulated fibrine, filling a cavity about one inch long and a half inch wide. This cavity was bounded by anomalous menstrual bodies in

a distinct transformation to endothelioma. There were but few ova present, and even these in a retrograde process, broken up into medulla corpuscles.

Thus the uterine appendages were so profoundly diseased that they had not only caused the uterine misplacement, but also an incurable sterility. The tubes were closed, the ovaries imbedded in pseudo-membraneous masses, and now the destruction of the ova trebly tied the Gordian knot.

Case VI. Miss X., patient thirty-five years old, single, a dress-maker, had been sick for several years. At times she was not able to work on account of the constant pain, burning heat and bearing down in the pelvis; could not draw a long breath without its causing pain all through the abdomen and back. She oftentimes was awakened at night by the pain, if unconsciously taking a long breath. So great were her sufferings that she said "life was a burden." Examination showed the ovaries bound down and adherent to the floor of the pelvis, so that the little anteflexed uterus was held in a state of extreme retroflexion.

Laparotomy was performed in July 1888.

Almost the entire left ovary was converted into and bordering on an abscess cavity, the walls of which were completed by the floor of the pelvis. The removal of the appendages caused considerable hemorrhage; the pseudomembranes showed a high degree of inflammation, proving how severe was the local peritonitis. The patient made an excellent recovery. Is it not marvellous that in such cases we do not have subsequent peritoneal inflammation, lasting possibly for months? The way to prevent it, with other and more serious disasters, is earlier operations.

The microscopical examination proved the ovaries were in a far advanced diseased condition. The left was in a state of suppuration. In a portion of the cortex there existed a layer of newly-formed fibrous connective tissue, which assisted in building up the wall of the abscess cavity, being itself intensely inflamed; so, also, were the pseudomembranes, which gave evidence of previous hemorrhage. Around the ovary was *suppurative peritonitis*.

In both ovaries were a number of cysts, the walls of which appeared to be composed of layers of inflammatory tissue.

There were few *ova* in either ovary, and even these mostly transformed into medullary corpuscles. One Graafian follicle was found lined with columnar epithelia, in an active state of proliferation and multiplication, such as we know to occur in the further development of a normal Graafian follicle, but what is remarkable, the *ovum* within the follicular cavity was broken up into several lumps, and besides in a moderate state of waxy degeneration.

The tubes were in a state of catarrhal salpingitis, *the whole mucosa being intensely inflamed*, and the surface conspicuous by inflamed pseudo-membranes.

It is noticeable that an ante—or retroflexed uterus is most frequently accompanied by diseased uterine appendages. I mentioned this in an article published in the *Medical Record*, 1886. Dr. H. C. Coe said, in an excellent paper read in the N. Y. Obstetrical Society, on April 5, 1887: "There is probably not one of my hearers who has not been struck with the frequent association of ante-flexion and prolapse and enlargement of one or both ovaries." The ante-flexion prevents natural drainage, and thus favors the develop-

ment of the disease, and the continued traction of the inflamed appendages produces flexion or retroversion, or both. Antelexion was formerly considered a cause of sterility, but most likely the antelexion and the sterility are results of *one and the same cause*.

Case VII. Miss N., a delicate German girl, called at my office in the spring of '88. She looked extremely frail and emaciated, said she had been sick for five years, had consulted many doctors and was no better, that she had paid out all her earnings and was now no longer able to work. In fact such was her distress that she could not go around and attend to her daily duties. As she afterward wrote me: "I have been in this country five years, and I can say I *have not had a well day*, and the pain makes me so weak I cannot work." The uterus was held in extreme retroversion on account of the pathological condition of the appendages; pessaries could not be worn or tolerated, and the organ resisted all efforts at replacing it.

I informed the patient of her condition and advised the removal of the diseased uterine appendages. She was glad to have the operation done, and wanted me to do

whatever I deemed necessary. The operation was performed at the Woman's Hospital, in April, 1888. The patient made a good recovery. Three months after she was able to do the work of an ordinary household, brisk and active in her movements, never losing a day on account of sickness. At the end of four months I saw her. I found the uterus in position, the patient looking strong and vigorous, the picture of health, and happy because she was free from the suffering that previously was incapacitating her for any useful work. Without the operation I believe this patient would have remained a confirmed invalid, steadily growing worse.

The specimen removed was presented to the New York Path. Society, on April 25, 1888, with the following report: "An ovarian cyst and cirrhotic ovary. Apparently the trouble was extreme retroversion of the uterus; a large sensitive mass was in front of and adherent to it. This proved to be a growing ovarian cyst three inches in diameter."

Microscopical examination. In the right ovary, there was sub-acute oophoritis, and a number of smaller cysts could be seen all of

which were surrounded by a marked zone of inflammatory corpuscles. The left ovary showed sub-acute oophoritis terminating in cirrhosis. The number of ova was very small, most of them being broken up into medullary corpuscles. The lining epithelia of the follicle appeared to be transformed into fibrous connective tissue. Here and there clusters of medullary corpuscles were seen surrounded by a circularly arranged delicate fibrous connective tissue, probably representing the last stage of ova preceding their complete destruction and transformation into fibrous connective tissue.

Case VIII. A similar case to the above, but more sadly interesting. A brilliant young woman with a brain that could accomplish almost anything, has a suffering body that renders useless her capabilities. She was twenty-seven years of age, married six years, has had no children. Her whole married life she described as a period of invalidism, she for eighteen months having been unable to walk a block or scarcely attend to her house. In early menstrual life her symptoms indicated a derangement of the ovaries. The disease continued year by year, increasing

till the named organs were the seat of almost continual pain, at times intense agony, the patient not being able to do anything, and her life rendered utterly useless. This severe and continued suffering was wearing her out both mentally and physically.

The patient was sent to me from Western New York. She had been under the care of eminent physicians, and had had the best medical help, but her sufferings were in no way relieved. She was becoming more and more an invalid. Examination: uterus in extreme retroversion, *held down by enlarged and diseased ovaries*, which were extremely sensitive, the slightest touch giving pain and producing nausea. An internal supporter lay in the vagina, but was entirely innocent of helping the uterus to a normal position, and any force sufficient to replace the uterus would have produced extreme pain. The woman was a wreck, and it was a question,—either diseased ovaries, or years of usefulness, a surgical operation or continued suffering. The diseased structures were removed, and the patient was able to leave the hospital in three weeks.

The husband wrote on May 9, 1889: "I be-

lieve the operation and treatment my wife received at your hands was the means of saving her life. Previous to going to Brooklyn, she had received treatment from the best physicians, but I could not see she was any better. Since coming home there has been a gradual improvement, and now she enjoys better health than at any time since we were married."

Case IX. Mrs. O., a slight, feeble, emaciated woman, weight sixty or seventy pounds, worn out with suffering, complained of constant pain in the pelvis. She appeared extremely nervous, subject to hysterical spells or hystero-epilepsy, the spasms lasting two or more hours, in which she was apparently unconscious. The patient had been under considerable treatment for uterine misplacement. I found the uterus in an extreme state of retroversion, dragged down by large and diseased ovaries, which lay low down in Douglas' cul de sac, painful to the slightest touch. The patient said she could not sit squarely in a chair, both locomotion and defecation painful, while the sufferings of the menstrual period were extremely severe, commencing ten days or two weeks before

the time. The dyspareunia reached such a degree as to cause her to lie half an hour to three hours in spasms or unconscious

Since diseased structures could not be restored to a normal state, nor could they be held in position by any instrument, an operation was advised, and urged by herself and husband. She recovered without a bad symptom, left the hospital in three weeks, and since has been able to attend to her household duties. She wrote in April, 1889, that "So great had been her sufferings that she believed if the operation had not been performed she could not have lived," adding: "I am now well, can walk five miles on a stretch, and am able to do my work, for nine in the family."

A remarkable feature in this case was the waxy degeneration of the *ova*.

Case X. Mrs. L. I was called one Sunday, at the request of a physician, to see a patient in Ansonia, Ct. The patient lay helpless in bed. She was a young woman twenty-seven years of age; emaciated, nervous and feeble; took no interest in life, nor had the ability to perform any of its duties. She was a mental and physical wreck. She had

been married seven years ; had no children, and was as incapable of being a wife as a mother. I found the uterus retroverted, dragged down by enlarged and diseased ovaries, which lay low in the sac of Douglas, and behind the retroverted uterus. This morbid condition, by reflex irritation, disturbed every part of the body. She entered the Woman's Hospital of Brooklyn, brought to it in her husband's arms, nervous to such a degree that she was all the time like a frightened deer, often threatening to jump from the window ; all the time with hallucinations, some of which could not be dispelled. The diseased tubes and ovaries were removed. The patient gradually regained her physical and mental health, and the uterus was no longer held in malposition.

Microscopical examination showed that the ovaries of the last three patients were in a state of general and intense sub-acute oöphoritis, caused mainly by *fibromatous formations* or *anomalous menstrual bodies*, which I will discuss at some future period. No doubt these formations are a frequent cause of oöphritis and its attending ailments.